## CONFIDENTIAL

## INCARCERATED RELATIVE/ASSOCIATE NOTIFICATION

In accordance with California Code of Regulations Title 15 § 3406, this form must be completed each time an employee becomes aware of a relative, or a person with whom the employee has/had an association or personal relationship, that has been committed to or transferred to the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR).

TO BE COMPLETED BY EMPLOYEE					
EMPLOYEE INFORMATION					
EMPLOYEE NAME (Last, First, Middle Initial)	CLASSIFICATION				INSTITUTION/ PROGRAM AREA
WORK PHONE NUMBER (include area code)			WORK ADDRESS		
INMATE INFORMATION					
INMATE NAME (Last, First, Middle Initial)	DATE OF BIRTH			IDENTIFICATION NUMBER (can be retrieved at http://www.cdcr.ca.gov/Visitors/Inmate_Locator.html)	
INSTITUTION/ PROGRAM AREA	RELATI		ATIC	TONSHIP TO EMPLOYEE	
If the inmate is currently housed here, do you view his/her presence as conflicting with your employment responsibilities?   Yes No Explain:					
Employee Signature					Date
(Please submit this completed form to your institution head, Superintendent, or Deputy/Assistant Director for signature and distribution.)					
TO BE COMPLETED BY INSTITUTION HEAD, SUPERINTENDENT, OR DEPUTY/ASSISTANT DIRECTOR.					
Do you recommend this inmate be referred for transfer? ☐ Yes ☐ No					
Special Instructions:					
Institution Head, Superintendent, or Deputy/Assistant Director Signature Date					

## Distribution:

- Original CDCR Form 2189 must be delivered in a confidential envelope to the Personnel Office by the institution head, Superintendent, Deputy/Assistant Director or designee.
- The Personnel Office must insert the original CDCR Form 2189 in the employees' Official Personnel File (to be maintained in the back of the file in an envelope marked "confidential").
- Personnel Office must forward a copy of the CDCR Form 2189 (in a confidential envelope) to the Case Record Unit (to be inserted in the confidential section of the inmate's Central File).